



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1633

**DATE:** March 17, 2016

**TO:** Iowa Medicaid Providers (Excluding Individual Consumer Directed Attendant Care) and Managed Care Organizations

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Medicaid Member Co-pay Clarification

On March 1, 2016, the [IME web portal](#)<sup>1</sup> and Eligibility Verification System (ELVS) line began communicating if a member is excluded from a copayment, for services which would otherwise require a copayment.

For inquiries on the ELVS Phone Line please call:

- 515-323-9639 (Local)
- 1-800-338-7752 (Toll-Free)

The ELVS line states, *“This member is excluded from any copayments for services which would otherwise require a copayment.”*

Under additional information on the Web Portal, it will indicate, *“This member is excluded from any copayments for services which would otherwise require a copayment.”*

The copay is applied per date of service, except for pharmacy, which is per prescription. The table below shows services and copayment amounts for services for which copayments apply.

Services for which Copayments Apply	Copay Amount
• Prescribed drugs (initial and refills of covered drugs)	
○ Generic and preferred brand name drugs	\$1.00
○ Non-preferred brand name drugs, costing less than \$25	\$1.00
○ Non-preferred brand name drugs, costing between \$25.01 - \$50.00	\$2.00 or the preferred copay with a PA
○ Non-preferred brand name drugs, costing more than \$50.01	\$3.00 or the preferred copay with a PA

<sup>1</sup> <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

• Chiropractic services	\$1.00
• Podiatric services	\$1.00
• Independently practicing physical therapists	\$1.00
• Medicare Part B “cross-over” claims, for “dual-eligible” (Medicare/Medicaid) members submitted to Medicaid ( <i>only for services which would otherwise have a copayment requirement under Medicaid</i> )	\$1.00
• Medical equipment/supplies and prosthetic devices	\$2.00
• Orthopedic shoes	\$2.00
• Audiologist services	\$2.00
• Hearing aid dealer services (except for the hearing aid itself)	\$2.00
• Optometrist services	\$2.00
• Optician services	\$2.00
• Rehabilitation agency services	\$2.00
• Psychologist services	\$2.00
• Ambulance services	\$2.00
• Dental services	\$3.00
• Hearing aids	\$3.00
• Physician office visit (MD/DO); for all services rendered during the visit (not for each service individually provided during the office visit)	\$3.00

#### **Services and/or Members Excluded from Copayments:**

- Members under Age 21
- Family planning services
- Services rendered to pregnant women
- Recipients receiving care or residing in an institution
  - Inpatient Hospital
  - Skilled Nursing Facility (SNF)
  - Intermediate Care Facilities(ICF)
  - Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)
  - State Mental Health Institutes-Except Transferred Resources
- Emergency Services
- Services rendered by an HMO in which the member is enrolled
- “Emergency Medical Condition Coverage” for “emergency” services rendered to resident aliens who do not meet Medicaid’s citizenship, alienage, or Social Security number requirements

- Note that this limited eligibility status was previously referred to as “3-Day Emergency Coverage”. This limited eligibility type name change was addressed in Informational Letter [1546](#)<sup>2</sup>
- American Indians (AI) and Alaska Natives (AN) who have received a service in an Indian Health Services (IHS) facility or clinic
- For services rendered to individuals who fall below 50 percent of the federal poverty level (FPL)

Please note that as a condition of participating in the Medicaid program, providers may not deny care or services to a member because of the member’s inability to pay a copayment. A statement that the person is unable to pay establishes inability to pay. This does not remove the member’s liability for these charges, and does not preclude providers from attempting to collect the copayment.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at [IMEproviderservices@dhs.state.ia.us](mailto:IMEproviderservices@dhs.state.ia.us).

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<sup>2</sup> [https://dhs.iowa.gov/sites/default/files/1546\\_ClarificationofEmergentMedicalConditionCoverage.pdf](https://dhs.iowa.gov/sites/default/files/1546_ClarificationofEmergentMedicalConditionCoverage.pdf)